

Orwigsburg Police Department 209 North Warren Street P.O. Box 244

Orwigsburg, PA 17961

Phone: (570) 366-3102 Fa

Fax: (570) 366-3109

REQUEST FOR SECURITY CHECKS

1.	Name:		
2.	Address:		
٥.	Pnone:		
	Type of Premises: Home Business Other		
5.	Departure Date:		
6.	Return Date:		
	Does your home/business have a functioning alarm system?	YES	NO
	What company provides alarm service to you? Alarm company's phone number:		
	Is your alarm on an auto-dial or audible signal only?	Ê	
11,	Please contact the following persons in case of an emergency:		
	(A) Name:		
	Address:		
	Phone:		
	(B) Name:		
	Address:	_	
	Phone:		
	(C) Name:		
	Address:		
	Phone:		
	PLEASE BE SURE THAT THE PEOPLE LISTED TO RESPON CODES TO RESET YOUR ALARM	D KNO	W THE PROPER
12. 13.	Will anyone have access to your property in your absence? If yes, please list the people:	YES	NO
14.	Are you leaving any light on? YES NO If yes, where?	?	
	Are your lights on timers? YES NO		
cor	If there is an emergency at your home/business in your absence tracted? YES NO	-	
17.	If yes, the number at which you wish to be contacted:		